

Remote Patient Monitoring

HR 38 of the 2020 Regular Session

Louisiana Department of Health

Bureau of Health Services Financing

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Executive Summary

This report is submitted in response to House Resolution 38 (HR 38) of the 2020 Regular Legislative Session, which urges and requests the Louisiana Department of Health (LDH) to study and develop a remote patient monitoring initiative within the Louisiana Medicaid program and submit a report concerning development of the remote patient monitoring initiative to the Legislature on or before November 1, 2020.

HR 38 lists the potential benefits of remote patient monitoring, including favorable outcomes in chronic disease management and urges and requests LDH to “study and develop a framework for the implementation of remote patient monitoring in the Louisiana Medicaid program.” The full text of the resolution can be found at www.legis.la.gov.

The following report describes the various types of remote patient monitoring available today, recent federal rules and regulations around remote patient monitoring and details LDH’s current applications of remote patient monitoring technology. The report also contains information on a model of a remote patient monitoring coverage in Mississippi and provides considerations for a potential framework for implementation in Louisiana.

This report was developed by the LDH Bureau of Health Services Financing (Medicaid), Quality Improvement and Innovations Section in collaboration with the LDH Office of Citizens with Developmental Disabilities and the LDH Office of Aging and Adult Services. For questions about this report, contact Davondra Brown at davondra.brown@la.gov or Mia Orr White at mia.orr@la.gov.

Overview and Types of Remote Patient Monitoring

Remote patient monitoring, also referred to as “remote physiologic monitoring” by the Centers for Medicare and Medicaid Services (CMS) or more informally as “remote monitoring,” uses digital technologies to collect medical and other forms of health data from individuals in one location and electronically transmit, synchronously or asynchronously, that information securely to health care providers in a different location for assessment and recommendations.¹

All types of data can be transmitted depending on the identified need of the patient. For example, in the case of a person with a chronic illness such as high blood pressure, remote patient monitoring may help a provider know, potentially in real time, if and when their patient needs an intervention, possibly avoiding a trip to the hospital or emergency room. As another example, for a patient with diabetes, remote patient monitoring could monitor and record blood sugar lows and highs which would allow the provider to discuss nutrition and blood sugar control more accurately.

There are many different types of remote patient monitoring and ways to use remote monitoring technology. Of note, the types and names of remote monitoring technologies are often lumped together or used interchangeably. For consistency in this report, LDH uses the term “remote patient monitoring” according to Medicare’s definition. If any other remote monitoring is referenced, it is done so as defined in this report or as listed in Appendix A. Listed below are three types of remote monitoring LDH explored.

Activity Sensor Monitoring

Activity sensor monitoring is a computerized system that monitors a patient’s in-home movement and activity for health, welfare and safety purposes. The technology to implement this system can include sensors placed in strategic locations around a person’s home that capture movement patterns and “learn” the patient’s normal activity. The system is individually calibrated based on the patient’s typical in-home movements and activities and is designed to alert designated family, friends or providers of unusual patterns or activities that may signal a health emergency, like a fall.

An activity sensor monitoring system should, at minimum:

- Monitor the home’s points of egress;
- Detect falls;
- Detect movement or the lack of movement;
- Detect whether doors are opened or closed;
- Provide a push-button emergency alert system; and
- Some systems may also monitor the home’s temperature.

The designated family, friend, support coordinators (case managers), or contracted provider agency is responsible for monitoring electronically generated information, for responding as needed and for equipment maintenance.

Patients who might be good candidates for this type of remote monitoring can include those who are considered frail or have fall histories, those who live alone and have comorbidities like cardiovascular disease and diabetes mellitus, or patients who are alone for long periods of time. These patients often

¹ <https://www.cchpca.org/about/about-telehealth/remote-patient-monitoring-rpm>

need assistance with self-care and performing activities of daily living in order to continue living independently, which is the overall goal. An individual's needs are determined and assigned by the provider based on results from applicable assessment tools.

Health Status Monitoring

Health status monitoring collects health-related data like weight, vital signs (e.g., pulse, blood pressure), or oxygen saturation measurements (e.g., pulse oximetry) to assist the health care provider in assessing the patient's health condition and in providing education and medical management.

The data are collected electronically from devices using wireless technology or a phone line and sent to the healthcare provider to assist in assessing the patient's health. Monitoring equipment could include devices such as electronic blood pressure cuffs, pulse oximeters, or digital scales. Reports are provided to providers to monitor and identify any interventions necessary to assist the patient or to modify a care plan.

Health status monitoring may be beneficial for individuals with chronic medical conditions such as congestive heart failure, diabetes mellitus or pulmonary disease.

Medication Dispensing and Monitoring

Medication dispensing and monitoring assists the patient by dispensing medication and monitoring medication adherence through electronic means.

In this application of remote patient monitoring, a remote monitoring system is individually pre-programmed to dispense and monitor adherence with medication therapy. For example, the provider or family caregiver is notified when there are missed doses. Dispensing and monitoring devices must have the ability to send text or e-mail messages to the patient's caregiver should the medication not be taken or there is a problem with the equipment. Dispensing and monitoring systems may include a web-based component for dosage programming, monitoring and/or communication.

Current Usage within LDH Programs

In its commitment to improving the health of the citizens of Louisiana and using the most comprehensive means possible, LDH has already begun implementing coverage of remote monitoring in certain circumstances. As detailed below, the Office of Aging and Adult Services has begun using remote activity and sensor monitoring.

Office of Aging and Adult Services

The Office of Aging and Adult Service (OAAS) is currently covering activity sensor monitoring which is supported by the Community Choices Waiver (CCW). Eligibility criteria for the CCW is the same criteria as for nursing facility admission which is determined through the Minimum Data Set assessment tool. The tool takes into account patient's ability to perform activities of daily living.

CCW patients that may be good candidates are those who live alone, go periods when they are home alone, or have a fall history. These same patients typically have co-morbidities, such as cardiovascular disease and/or diabetes mellitus. However, OAAS home and community based service programs do not provide in-person supports 24 hours a day.

The COVID 19 public health emergency (PHE) has necessitated increased use of this technology. OAAS currently has a project bringing together service and technology providers, support coordinators, and its program staff to identify situations where this technology could be particularly beneficial, address implementation challenges and develop a toolkit to assist support coordinators educate service patients and their family members about activity sensor monitoring.

While the service patient has the right to select a provider, at this time, OAAS only has one provider enrolled to provide activity sensor monitoring. OAAS is anticipating increasing providers in the future. The selected service provider offers a secure and simple to use option for independent living with safety, security and comfort. The provider is paid a set-up and a monthly fee for services rendered. Sensory devices are strategically placed in and around the patient's home in places that are useful based on their medical issue. As mentioned earlier, the system is individually calibrated based on the patient's typical in-home movements and activities and is designed to alert caregivers when unusual patterns or activities are detected. Potential wellness events that might trigger an alert could include, but are not limited to:

- falls;
- inactivity during normal active hours;
- not returning to bed during normal sleep times;
- external doors opening at abnormal times; and
- remaining in a chair or in bed at unusual times.

The alert goes to a designated family member or friend that is responsible to respond accordingly. With this type of monitoring, activity sensor monitoring does not incur the cost of physician utilization as is with the use of remote patient monitoring.

Challenges in successful use of this technology are related to educating support coordinators and families on:

- specifics of how the service works since it is still new and somewhat intangible, and
- the benefits of the technology as a safety net when service patients are alone.

OAAS is currently in the process of redesigning its original model based on lessons learned from its initial implementation. Originally thinking that home health agencies would be ideal providers, OAAS has learned due to the ever-changing Medicare regulations and reimbursement structures, home health agencies are not the best fit. However, OAAS has potentially found interest among durable medical equipment providers and home security providers who apply to become Medicaid certified providers for the purpose of remote monitoring. OAAS is also currently working with stakeholders to address some of the other implementation challenges and hopes to continue to refine the model to ensure that patients receive the best possible care.

Managed Care Organizations

Louisiana Managed Care Organizations (MCOs) are in varying stages of employing remote patient monitoring. Some are in the research phase and planning pilot programs while others have already identified subsets of the Medicaid population to begin serving with this electronic support. Patients with a diagnosis of Diabetes Mellitus and Congestive Heart Failure are among the initial batch of remote patient monitoring users. LDH departments, including Medicaid, will continue to monitor and collaborate with the MCOs as they develop and implement these programs.

Other Allowable LDH Use

In Title 50, remote monitoring technology includes a personal emergency response system (PERS) which is part of the Supports Waiver and the Community Choice Waiver. PERS is an electronic device connected to the patient's phone which enables a patient to secure help in the community. The system is programmed to signal a response center staffed by trained professionals once a "help" button is activated.

Benefits and Challenges with Implementation

Benefits

According to CMS, the new allowance of remote patient monitoring is expected to help foster the adoption of emerging technologies and result in more effective care planning, as data are shared among patients, their caregivers and their providers. Self-management is one of the key behaviors that improves when a patient participates in a remote patient monitoring program.² The use of such technology can allow for greater patient independence and empowerment. Some additional benefits are³:

- increased access to specialized services;
- facilitating triage of new symptoms in real time;
- reducing hospital/emergency department admissions and readmissions; and
- reducing the risk of hospital acquired infections.

There are also benefits to the provider and medical facility operations which may include⁴:

- lowering care costs;
- improved clinical outcomes; and
- providing more robust treatment due to accurate data.

Challenges

Louisiana, as well as other states, would face some potential challenges in implementing remote patient monitoring. Despite the benefits, technology may not always be embraced readily by members. This could be attributed to:

- lack of trust by the patient population;
- a patient's general aversion to technology; or
- a patient's perceived intrusion of their personal space.

Well-trained staff with readily available responses to frequently asked questions can help combat some of these challenges. Additionally, ensuring that the patient will be well supported throughout the process and that they have the right to suspend services at any time can also aid in building credibility which could potentially help with recruitment and retention. Other issues such as homelessness, lack of family for support or technology limitations such as inability to pay for access Wi-Fi in rural areas may also be barriers.

² <https://www.cincinnatichildrens.org/service/c/telehealth/services/remote-patient-monitoring>

³ Ibid

⁴ <https://www.urac.org/blog/cms-expands-reimbursement-remote-patient-monitoring>

For remote patient monitoring as a Medicaid covered service, there are obvious concerns around cost for training, devices and replacements as well as administrative rollout and human resources for program management.

Potential Framework for Coverage

Following the direction of HR 38, LDH identified a possible framework for the implementation of remote patient monitoring coverage in the Louisiana Medicaid program. In reviewing coverage of remote patient monitoring in the southeast region, Mississippi's remote patient monitoring program may be the most appropriate example for Louisiana to consider. In addition, see Appendix B for an example of a Mississippi program being implemented by a medical facility.

Mississippi's remote patient monitoring program is governed by MS Code Section 89-9-353 and MS Medicaid Code § 43-13-121 (see Appendix D), which is aligned with Medicare regulations related to Remote Patient Monitoring. Mississippi defines "Remote Patient Monitoring services" to mean the delivery of home health services using telecommunications technology to enhance the delivery of home health care, including:

- monitoring of clinical patient data such as weight, blood pressure, pulse, pulse oximetry and other condition-specific data, such as blood glucose;
- medication adherence monitoring; and
- interactive video conferencing with or without digital image upload as needed.

Patient Eligibility Criteria

As offered by Mississippi Medicaid, to qualify for remote patient monitoring services, patients must meet all of the following criteria⁵: (for a broader description see Appendix D)

- be diagnosed in the last 18 months with one or more chronic condition, as defined by CMS;
- have a recent history of costly services use due to one or more chronic conditions as evidenced by two or more hospitalizations, including emergency room visits in the past twelve months;
- the patient's healthcare provider recommends disease management services via remote patient monitoring; and
- the patient is capable of using the remote patient monitoring equipment and transmitting the necessary data or has a willing and able person to assist in completing electronic transmission of data.

Mississippi Code 83.9.353(5), states chronic conditions "include, but are not limited to, sickle cell, mental health, asthma, diabetes and heart disease."

As Louisiana continues to explore all forms of remote monitoring, this patient eligibility guidance could be retained or expanded. One possible addition may be including criteria the patient must adhere to remote patient monitoring at the time of device distribution and throughout the duration of time that the patient has the device.

⁵ <https://codes.findlaw.com/ms/title-83-insurance/ms-code-sect-83-9-353.html#:~:text=Insurance%20%C2%A7%2083%2D9%2D353.,and%20remote%20patient%20monitoring%20services>

Provider Participation Criteria

For providers to be eligible for reimbursement for remote patient monitoring, they must be qualified health professionals acting within their scope of practice.

Mississippi provides detailed requirements in 89-3-353:

“6) The entity that will provide the remote monitoring must be a Mississippi-based entity and have protocols in place to address all of the following:

- (a) Authentication and authorization of users;
- (b) A mechanism for monitoring, tracking and responding to changes in a client's clinical condition;
- (c) A standard of acceptable and unacceptable parameters for client's clinical parameters, which can be adjusted based on the client's condition;
- (d) How monitoring staff will respond to abnormal parameters for client's vital signs, symptoms and/or lab results;
- (e) The monitoring, tracking and responding to changes in client's clinical condition;
- (f) The process for notifying the prescribing physician for significant changes in the client's clinical signs and symptoms;
- (g) The prevention of unauthorized access to the system or information;
- (h) System security, including the integrity of information that is collected, program integrity and system integrity;
- (i) Information storage, maintenance and transmission;
- (j) Synchronization and verification of patient profile data; and
- (k) Notification of the client's discharge from remote patient monitoring services or the de-installation of the remote patient monitoring unit.”

Because the provider is also responsible for the dissemination or coordination of the patient receiving their equipment, what is covered under eligible equipment is also listed here.

The tele-monitoring equipment must:

- (a) Be capable of monitoring any data parameters in the plan of care; and
- (b) Be a FDA Class II hospital-grade medical device.

Service Coverage

Remote patient monitoring services are covered on a thirty (30) day rotating basis per the established Current Procedural Terminology (CPT) code that is submitted.

While Mississippi does include in their administrative code that “remote patient monitoring services via telehealth aims to coordinate primary, acute, behavioral and long-term social service needs for high-need, high-cost patients” (MS Code 83-9-353(4)) more research is needed on how to accomplish this given the

limitations of the code usage. For example, if housing is a concern for a patient, the patient could potentially benefit from an allowance for multiple set-ups.

Reimbursement

In making coverage determinations, Medicaid usually refers to Medicare as a source of policy framework. As it relates to remote patient monitoring, Medicare published a rule on November 13, 2018, that, among other provisions, finalized the definition of “remote patient monitoring” and the recognition of the costs associated with it as allowable administrative costs.⁶ CMS defines remote patient monitoring under the Medicare home health benefit as “the collection of physiologic data (for example, ECG, blood pressure, glucose monitoring) digitally stored and/or transmitted by the patient or caregiver or both to the home health agency.”⁷

Remote Physiologic Monitoring Services⁸

In recent years, CMS has finalized payment for seven remote physiologic monitoring (Remote Patient Monitoring) codes. In response to stakeholder questions about Remote Patient Monitoring, they clarified in the proposed rule on payment policies related to the Remote Patient Monitoring services described by CPT codes 99453, 99454, 99091, 99457, and 99458. In addition, CMS proposed as permanent policy two clarifications to Remote Patient Monitoring services that were finalized in response to the public health emergency (PHE) for the COVID-19 pandemic.

Procedure codes for the provision of Remote Patient Monitoring include:⁹

CPT Code 99453: Remote monitoring of physiologic parameter(s) (e.g., weight, blood pressure, pulse oximetry, respiratory flow rate), plus initial set-up and patient education on use of equipment. (Initial set-up and patient education of monitoring equipment included; do not report 99453 for monitoring of less than 16 days.)

CPT Code 99454: Device(s) supply with daily recording(s) or programmed alert(s) transmission, each 30 days. (Initial collection, transmission, and report/summary services to the clinician managing the patient.)

CPT Code 99457: Remote physiologic monitoring treatment management services, clinical staff/physician/other qualified healthcare professional time in a calendar month, requiring interactive communication with the patient/caregiver during the month; first 20 minutes.

CPT Code 99458: Each additional 20 minutes (List separately in addition to code for primary procedure.)

CPT Code 99091: Collection and interpretation of physiologic data (e.g., ECG, blood pressure, glucose monitoring), digitally stored and/or transmitted by the patient and/or caregiver to the physician or other

⁶ Medicare and Medicaid Programs; CY 2019 Home Health Prospective Payment System Rate Update and CY 2020 Case-Mix Adjustment Methodology Refinements; Home Health Value-Based Purchasing Model; Home Health Quality Reporting Requirements; Home Infusion Therapy Requirements; and Training Requirements for Surveyors of National Accrediting Organizations. 83 Fed. Reg. 56,406 (November 13, 2018)

⁷ Ibid

⁸ <https://www.cms.gov/newsroom/fact-sheets/proposed-policy-payment-and-quality-provisions-changes-medicare-physician-fee-schedule-calendar-year-4>

⁹ <https://www.ama-assn.org/system/files/2020-06/smbp-cpt-coding.pdf>

qualified healthcare professional, qualified by education, training, licensure/ regulation (when applicable) requiring a minimum of 30 minutes of time, each 30 days.

Currently, Mississippi reports the following costs associated with remote patient monitoring for health insurance coverage¹⁰:

- Remote patient monitoring services shall include reimbursement for a daily monitoring rate at a minimum of Ten Dollars (\$10.00) per day each month and Sixteen Dollars (\$16.00) per day when medication adherence management services are included, not to exceed thirty-one (31) days per month. These reimbursement rates are only eligible to Mississippi-based telehealth programs affiliated with a Mississippi health care facility.
- A one-time telehealth installation/training fee for remote patient monitoring services will also be reimbursed at a minimum rate of Fifty Dollars (\$50.00) per patient, with a maximum of two (2) installation/training fees/calendar year. These reimbursement rates are only eligible to Mississippi-based telehealth programs affiliated with a Mississippi health care facility.

Louisiana Medicaid typically sets reimbursement rates for newly added procedure codes as a percentage of Medicare's reimbursement rate.

Technological Considerations for Implementation

Successful implementation of remote monitoring devices will have to address the following considerations:

- Patient access to the internet may be limited.
- Compatibility of devices not provided by the program but that are expected for use with services (such as an app not being compatible with the phone that a family member has).
- "Tech savviness" may be an issue for devices requiring patient intervention (i.e. devices that are not automatically transmitting information).
- HIPAA (see Appendix A) violations maybe an issue if a security breach occurs.
- Patient misunderstanding of precisely what the device does (i.e. thinking synchronous when actually asynchronous).
- State costs of implementation.

Medicare Policy Changes Due to COVID

As stated above, Medicaid often leverages Medicare's framework as it relates to allowable mechanisms. Because of this, provided are the recent Medicare changes. Due to the onset of the COVID 19 pandemic, Medicare made modifications to established rules as outlined below¹¹:

- Clarified that following the PHE for the COVID-19 pandemic, CMS will again require that an established patient-physician relationship exist for Remote Patient Monitoring services to be furnished. This was temporarily waived during the PHE.
- Proposed as permanent policy to allow consent to be obtained at the time that Remote Patient Monitoring services are furnished. During the PHE, CMS modified the requirement that consent

¹⁰ <http://billstatus.ls.state.ms.us/documents/2018/pdf/HB/0700-0799/HB0799IN.pdf>

¹¹ <https://www.cms.gov/newsroom/fact-sheets/proposed-policy-payment-and-quality-provisions-changes-medicare-physician-fee-schedule-calendar-year-4>

must be obtained prior to providing the Remote Patient Monitoring service. Instead, consent can be obtained at the time services are provided and by individuals providing Remote Patient Monitoring services under contract to the ordering physician or qualified healthcare professional.

- Proposed as permanent policy to allow auxiliary personnel to furnish CPT codes 99453 and 99454 services under a physician's supervision. Auxiliary personnel include contracted employees. Also, confirmed that Remote Patient Monitoring services can be furnished under general supervision.
- Clarified that the medical device supplied to a patient as part of CPT code 99454 must be a medical device as defined by Section 201(h) of the Federal Food, Drug, and Cosmetic Act, that the device must be reliable and valid, and that the data must be electronically (i.e., automatically) collected and transmitted rather than self-reported.
- Clarified that after the PHE for COVID-19, CMS will maintain the current requirement that 16 days of data each 30 days must be collected and transmitted to meet the requirements to bill CPT codes 99453 and 99454, as this was reduced during the PHE. However, CMS is seeking comment on whether the Remote Patient Monitoring codes, as described, adequately capture the work furnished to patients with acute conditions or whether coding revisions are needed.
- Proposed to clarify that Remote Patient Monitoring services are considered to be evaluation and management (E/M) services.
- Clarified that only physicians and non-physician practitioners who are eligible to furnish E/M services may bill Remote Patient Monitoring services.
- Clarified that practitioners may furnish Remote Patient Monitoring services to patients with acute conditions as well as patients with chronic conditions.
- Clarified that for CPT codes 99457 and 99458, an "interactive communication" is a conversation that occurs in real-time and includes synchronous, two-way interactions that can be enhanced with video or other kinds of data as described by HCPCS code G2012.
- Additionally, in response to the recent E.O. 13924, "Regulatory Relief To Support Economic Recovery," (85 FR 31353 through 31356), CMS is seeking comment from the medical community and other members of the public on whether the current Remote Patient Monitoring codes accurately and adequately describe the full range of clinical scenarios where Remote Patient Monitoring services may be of benefit to patients.
- Clarified that Remote Patient Monitoring services can be used for physiologic monitoring of patients with acute and/or chronic conditions.

Fiscal Impact and Cost Considerations

The proposed framework must include financial considerations such as direct payments to providers and the administrative costs of initial implementation. Because of the diverse nature of remote patient monitoring technologies, different types of remote monitoring may produce cost efficiencies showing one type of monitoring as more affordable while still meeting the needs of Louisiana patients.

Fiscal impacts to the Medicaid program would be based in part on the number of eligible patients the initiative would aim to serve, the types of monitoring devices and technology employed, the cost to onboard and train providers and patients, and the costs to maintain the devices and corresponding technology. Some or all of these costs may be offset by the eventual savings from being able to mitigate

health crises and improve efficiencies in the care delivery system, but those savings would likely not happen immediately upon implementation and would take time to realize.

Therefore, appropriation of state general funds for the state share of Medicaid costs to implement remote patient monitoring coverage would be required.

Next Steps

Further research is required to understand the benefits and costs of adding remote patient monitoring coverage in Louisiana Medicaid. LDH would need to engage with all stakeholders, review all recommendations, develop a draft policy, conduct a fiscal impact analysis and be appropriated funding for the new covered service. Administratively, adding coverage may also require state rulemaking as well as approvals from CMS and amendments to managed care organization contracts.

Summary

LDH recognizes that remote patient monitoring services may be a beneficial option to many Louisianans living with chronic illness and other medical issues. Some remote monitoring technologies are already in use by Medicaid beneficiaries who receive services from OAAS and the MCOs. Understanding the benefits and costs of adding remote patient monitoring as a Medicaid-covered service requires additional information. LDH will continue to engage stakeholders to ensure that Medicaid beneficiaries have access to important services to meet their medical and behavioral health needs.

Appendix A – Glossary of Terms

Activity and Sensor Monitoring: the real-time status of your selected sensors at all times. This is used to keep vulnerable populations safe when they are home alone for extended periods of time or has a history of fall risk.

CPT Code: Current Procedural Terminology codes are the numerical codes issued by the American Medical Association (AMA) used primarily to identify medical services and procedures furnished by qualified healthcare professionals (QHPs).

HIPAA: Health Insurance Portability and Accountability Act; mandates industry-wide standards for health care information on electronic billing and other processes and requires the protection and confidential handling of protected health information.

Health Status Monitoring: collects health-related data like weight, vital signs or oxygen saturation measurements to assist the health care provider in assessing the patient's health condition and in providing patient education and consultation.

Medicaid Covered Services: a schedule of healthcare benefits and services required to be provided to Medicaid enrollees as specified under the Louisiana Medicaid State Plan.

Medication Dispensing and Monitoring: assists the patient by dispensing medication and monitoring medication compliance

Remote Patient Monitoring: a technology to enable monitoring of patients outside of conventional clinical settings, such as in the home or in a remote area, which may increase access to care and decrease healthcare delivery costs.

Remote Physiologic Monitoring Services: technology comes in various devices that monitor glucose levels, sleep patterns, heart rate, vital signs, and many other types of patient data. Used by CMS for Remote Patient Monitoring, it allows patients to be involved in their own care by giving them access to their health data in real time.

Store and Forward: an asynchronous, electronic transmission of medical information, such as digital images, documents, and pre-recorded videos through secure email communication.

Appendix B – Mississippi Case Study

Remote Patient Monitoring for Providers

<https://www.umc.edu/Healthcare/Telehealth/Remote-Patient-Monitoring/remote-patient-monitoring-for-providers.html>

As payers increasingly shift to outcomes-based reimbursement, proper patient adherence to care plans becomes critical. Remote patient monitoring is a proven way to improve patient compliance for chronic illness such as diabetes, high blood pressure, or heart disease.

When you refer patients for remote patient monitoring:

1. They are enrolled in a four- to six-month program tailored to their specific illness and given a tablet computer for use during the program.
2. They learn about their condition and how to improve their health.
3. A UMMC registered nurse regularly checks on their progress through messaging and video chats on the tablet computer. All results are shared with you.
4. Over time, patients master the skills to monitor and manage the illness on their own.

With a provider referral, REMOTE PATIENT MONITORING care is usually covered by the patient's insurance or Medicaid plan.

Remote patient monitoring is good for providers.

Primary care providers who refer patients to the program:

- Empower their patients to take a more active role in their treatment.
- Help patients manage chronic diseases conveniently, from anywhere, leading to improved outcomes.
- May increase their reimbursements from outcomes-based payers.

Remote patient monitoring is good for patients.

REMOTE PATIENT MONITORING is an effective way for patients to:

- Benefit from specialized support for diabetes, heart failure, hypertension, and other chronic illnesses on an outpatient basis.
- Identify potential health risks and receive treatment sooner, reducing potential complications.
- Become true partners in their own wellness and health care.

Available Services

UMMC REMOTE PATIENT MONITORING services include:

- Monitoring at home, school, and work
- Daily health sessions
- Personalized interventions
- Automatic notification of potential issues
- Medication therapy management
- Targeted education and health coaching
- Behavior modification
- Patient empowerment
- Ongoing care coordination with primary care providers

To find out more about UMMC Telehealth remote patient monitoring, email us at telehealth@umc.edu or call [\(601\)-815-2020](tel:601-815-2020).

Appendix C – Activated CPT Codes for Remote Patient Monitoring

Procedure codes for the provision of REMOTE PATIENT MONITORING include:¹²

CPT Code 99453: Remote monitoring of physiologic parameter(s) (e.g., weight, blood pressure, pulse oximetry, respiratory flow rate), plus initial set-up and patient education on use of equipment. (Initial set-up and patient education of monitoring equipment included; do not report 99453 for monitoring of less than 16 days.)

CPT Code 99454: Device(s) supply with daily recording(s) or programmed alert(s) transmission, each 30 days. (Initial collection, transmission, and report/summary services to the clinician managing the patient.)

CPT Code 99457: Remote physiologic monitoring treatment management services, clinical staff/physician/other qualified healthcare professional time in a calendar month, requiring interactive communication with the patient/caregiver during the month; first 20 minutes.

CPT Code 99458: Each additional 20 minutes (List separately in addition to code for primary procedure.)

CPT Code 99091: Collection and interpretation of physiologic data (e.g., ECG, blood pressure, glucose monitoring), digitally stored and/or transmitted by the patient and/or caregiver to the physician or other qualified healthcare professional, qualified by education, training, licensure/ regulation (when applicable) requiring a minimum of 30 minutes of time, each 30 days.

¹² <https://www.ama-assn.org/system/files/2020-06/smbp-cpt-coding.pdf>

Appendix D – Mississippi Medicaid Code

Part 225 Chapter 2: Remote Patient Monitoring Services

Rule 2.1: Definitions

A. The Division of Medicaid defines telemedicine as a method which uses electronic information and communication equipment to supply and support health care when remoteness disconnects patients and links primary care physicians, specialists, providers, and beneficiaries which includes, but is not limited to, telehealth services, remote patient monitoring services, teleradiology services, store-and-forward and continuous glucose monitoring services.

B. The Division of Medicaid defines remote patient monitoring as using digital technologies to collect medical and other forms of health data from individuals in one location and electronically transmit that information securely to healthcare providers in a different location for interpretation and recommendation.

Source: Miss. Code Ann. § 43-13-121.

History: New eff. 07/01/2015.

Rule 2.2: General Provider Information

A. Providers of remote patient monitoring services must comply with all requirements set forth in Miss. Admin. Code Part 200, Rule 4.8 for all providers in addition to the provider specific requirements below:

1. National Provider Identifier (NPI), verification from National Plan and Provider Enumeration System (NPES),
2. Copy of current licensure card or permit, and
3. Verification of social security number using a social security card, military ID or a notarized statement signed by the provider noting the social security number. The name noted on the verification must match the name noted on the W-9.

B. Remote patient monitoring services must be delivered by an enrolled Medicaid provider acting within their scope-of-practice and license and in accordance with state and federal guidelines.

C. The use and delivery of remote patient monitoring services does not alter a covered provider's privacy obligations under federal/and or state law and a provider or entity operating telehealth services that involve protected health information ("PHI") must meet the same HIPAA requirements the provider or entity would for a service provided in person.

D. Providers of remote patient monitoring services must have protocols in place to address all of the following:

1. A mechanism for monitoring, tracking and responding to changes in a beneficiary's clinical condition, and

2. A process for notifying the prescribing physician of significant changes in the beneficiary's clinical signs and symptoms.

Source: The Health Insurance Portability and Accountability Act ("HIPAA") of 1996 (as amended by the Genetic Information Nondiscrimination Act ("GINA") of 2008 and the

Health Information Technology for Economic and Clinical Health Act ("HITECH

Act"), Title XIII of Division A, and Title IV of Division B of the American Recovery and Reinvestment Act ("ARRA") Of 2009) and it's implementing regulations, including

45 C.F.R. Parts 160 and 164, Subparts A and E ("Privacy Rule"), and Subparts A and C

("Security Rule"); Miss. Code Ann. § 43-13-121.

History: New eff. 07/01/2015.

Rule 2.3: Covered Services

A. The Division of Medicaid covers remote patient monitoring of devices when medically necessary, ordered by a physician, physician assistant or nurse practitioner which includes, but not limited to:

1. Implantable pacemakers,
2. Defibrillators,
3. Cardiac monitors,
4. Loop recorders, and
5. External mobile cardiovascular telemetry.

B. The Division of Medicaid covers remote patient monitoring, for disease management when medically necessary, prior authorized by the Utilization Management/Quality Improvement

Organization (UM/QIO), Division of Medicaid or designee, ordered by a physician, physician assistant, or nurse practitioner for a beneficiary who meets the following criteria:

1. Has been diagnosed with one (1) or more of the following chronic conditions:

- a) Diabetes,
- b) Congestive Heart Failure (CHF), or
- c) Chronic Obstructive Pulmonary Disease (COPD).

2. Has had two (2) or more hospitalizations in the previous twelve (12) months for one (1)

of the chronic conditions listed above,

3. Hospitalizations for two (2) different chronic conditions cannot be combined to satisfy the two (2) or more hospitalizations requirement, and

4. Is capable of using the remote patient monitoring equipment and transmitting the necessary data or has a willing and able person to assist in completing electronic transmission of data.

C. Remote patient monitoring services must be provided in the beneficiary's private residence.

Source: Miss. Code Ann. § 43-13-121.

History: New eff. 07/01/2015.

Rule 2.4: Non-Covered Services

The Division of Medicaid does not cover remote patient monitoring for disease management as outlined in Miss. Admin. Code Part 225, Rule 2.3.B. for a beneficiary who is a resident of an institution that meets the basic definition of a hospital or long-term care facility.

Source: Miss. Code Ann. § 43-13-121.

History: New eff. 07/01/2015.

Rule 2.5: Reimbursement

A. The Division of Medicaid reimburses for remote patient monitoring:

1. Of devices when billed with the appropriate code, and
2. For disease management:
 - a) A daily monitoring rate for days the beneficiary's information is reviewed.
 - b) Only one (1) unit per day is allowed, not to exceed thirty-one (31) days per month.
 - c) An initial visit to install the equipment and train the beneficiary may be billed as a set-up visit.
 - d) Only one set-up is allowed per episode even if monitoring parameters are added after the initial set-up and installation.
 - e) Only one (1) daily rate will be reimbursed regardless of the number of diseases/chronic conditions being monitored.

B. The Division of Medicaid does not reimburse for the duplicate transmission or interpretation of remote patient monitoring data.

Source: Miss. Code Ann. § 43-13-121.

History: New eff. 07/01/2015.

2.6: Documentation

The provider must document the remote patient monitoring service the same as for a comparable in person service which includes, but is not limited to:

A. The monitoring equipment meets all of the following requirements:

1. Capable of monitoring any data parameters included in the plan of care,
2. Food and Drug Administration (FDA) Class II hospital-grade medical device, and
3. Capable of accurately measuring and transmitting beneficiary glucose and/or blood pressure data.

B. Qualified staff installed the remote patient monitoring equipment necessary to monitor and transmit the data according to the beneficiary's care plan.

C. Clinical data was provided to the beneficiary's primary care physician or his/her designee.

D. Monitoring of the beneficiary's clinical data was not duplicated by any other provider.

E. Beneficiary's home environment has the necessary space and connections for installation and transmission of data.

Source: Miss. Code Ann. § 43-13-121.

History: New eff. 07/01/2015.

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